ART. XXX.—*The Surgery of the Face.* By FRANCIS MASON, F.R.C.S., Surgeon and Lecturer on Anatomy at St. Thomas's Hospital. 8vo. pp. 170. London: J. & A. Churchill, 1878.

THIS volume is made up of the three Lettsomian Lectures of 1877–78, before the Medical Society of London. They were originally printed in the *Lancet*, and are now gathered into a book of most readable type, and with one hundred illustrations. Having been thus already before the profession, the lectures will require less notice than if they were now first published.

If Mr. Heath can make a most readable and instructive book of large size on the jaws alone, it would seem to be folly to attempt to compress into three lectures the surgery of the whole face. Yet this is the vain endeavour of Mr. Mason. The lectures embrace respectively the diseases, the injuries, and the deformities of the face, and about *fifty* topics are treated, or rather touched upon. Many, if not most of them, are so briefly noticed, that it would have been better had they been entirely omitted, and the space and time so gained given to a more thorough discussion of the remaining subjects.

Yet the book is a good one, especially for two reasons. Mr. Mason has been exceedingly industrious in collecting and correlating very many detached cases (though chiefly English cases), which bear on his subject, to which he has added no inconsiderable number of his own, and has thus furnished the surgeon with much material for the study of the subject; and he has grouped, compared, and contrasted the various methods of operating for nævi, hare-lip, cleft palate, deficient lips, nose, etc. Moreover, these are all admirably and fully illustrated as well as described. To avoid scars on the face, a matter of no small moment, he urges that the *rubber* adhesive plaster be used where sutures can be avoided, or if they cannot be avoided, that they be of fine silk. The reviewer has, for some time, used the Japanese bead silk, a very fine but quite strong silk, and with great satisfaction. The plan recently proposed by Dr. Packard, of very oblique instead of perpendicular incisions, would find in the face one of its happiest applications. Should the book reach a second edition, we trust that the author will allude to this, and also to the use of the dental engine in operations on the nose, jaws, etc., a matter now attracting considerable attention.

The style of the book is, in general, excellent, and singularly free from the petty errors most authors are apt to commit occasionally; but even the ever-convenient "noun of multitude" will hardly excuse such an expression as "the Fellows may try it on *their* own *person*" (p. 89). W. W. K.

ART. XXXI.—*Zur Behandlung einfacher Fracturen der Extremitäten mit Gyps-Hanf-Schienen.* Von Dr. F. BEELY. 8vo. pp. 75. Königsberg, 1878.

The Treatment of Simple Fractures of the Extremities by Splints of Hemp and Plaster of Paris. By Dr. F. BEELY.

THE author of this monograph believes that narrow splints, made of strands of hemp fixed by plaster, are an improvement over the ordinary plaster of Paris dressing applied in a circular manner. He discusses first the manner in which fracture dressings act, and the diagnosis of fractures; in which section he very properly deprecates violent and persistent efforts to obtain crepitus, because the manipulation is apt to tear any bands of periosteum which may be holding the fragments together. After some further general remarks he specifies the components of the hemp and plaster dressing, and then lays down the rules for its application and removal, and for the after-treatment of the case. Finally the form and manner in which he applies the splints for each special fracture are fully detailed, and illustrated by numerous demonstrative lithographic plates.

The gist of the thing is simply this. After the fragments have been placed in apposition, and the member put in the proper attitude, long strands or bundles of hemp, as thick as the little finger, one and a half or two feet long, and saturated with wet plaster, are laid upon the limb longitudinally, and allowed to dry. By this means splints accurately fitting the contour, and in width about one-third the circumference of the limb, are expeditiously manufactured. If hemp is not convenient, tow or flax can be used with the same result. Of course woven fabrics, as has been demonstrated by others, make equally good splints. After the super-imposed layers of hemp and plaster become dry and hardened, an ordinary retentive roller is applied.

We have, as is seen, in this dressing a splint accurately moulded to the part, and acting as the felt splints, used in this country, which are adapted to the contour of the limb by being softened with hot water. In the hemp and plaster dressing wire loops can be fastened at various points, if it is desirable to suspend the broken limb, by fixing the ends of the wire between the layers of hemp. Continuous weight extension can be used at the same time by means of adhesive strips and the ordinary pulley.

The method of dressing fractures here described was employed in 313 cases under the personal supervision of the author, who therefore believes his opinion as to its merits to be founded on sufficient experience to render it worthy of acceptation. The use of the plaster dressing applied circularly is more common in Germany than in America, and as a consequence our author compares his modified plaster dressing solely with that, paying little or no attention to the claims of wooden, felt, or card-board splints. The author's aim is to establish its superiority to the circular plaster dressing, which the reviewer is willing to admit in many instances, though he does not consider the plaster splints as cleanly or as readily adjusted as some other appliances.

It is claimed that these splints are cheap; that the materials are easily obtained of good quality and in large quantity; that no cotton padding is required because they fit the limb so accurately; that the dressing can be applied tightly or loosely without being removed; that inspection of the injured extremity is permitted, and that removal of the dressing is effected easily and rapidly. Most of these advantages are presented to meet the objections of those favouring the circular dressing, and hence few of them apply to splints of moulded felt or cardboard, which allow equally well inspection of the injury, ease of adjustment, and rapid removal. Very minute directions are given (pp. 12–20) regarding the selection of materials and the treatment after the splints have been applied, which will suggest themselves at once to any practical surgeon.

In fractures of the humerus and forearm Dr. Beely applies the splint on the outer and dorsal aspect of the limb, and at times introduces a wire loop at the wrist for the attachment of the sling passed around the neck. For fracture of the tibia or femur an anterior splint with numerous rings for suspension is employed; sometimes permanent extension is combined with this dressing, giving much the same effect as the wire splint devised by Hodgen of St. Louis. When deemed proper the fractured limb can be treated by the postural method, and the desired position retained by moulding suitable splints. Again, pelvic bands or shoulder caps can be made, when the line of fracture is near a joint, in order to render the dressing firmer. It is also easy and, it would seem, very judicious to employ this dressing in resections of joints by constructing bracketed splints from stout iron hoops fixed in the layers of hemp.

From the description given it will doubtless be admitted, that if any form of plaster dressing is to be employed in the early stages of fractures, whilst frequent inspection and changes in the firmness of the pressure are necessary, the modification of our author is a decided improvement; but the time requisite to apply the splints properly, the inconvenience attending the mixing of the plaster, and its subsequent chipping and breaking render other forms of splints preferable in the majority of instances. J. B. R.

ART. XXXII.—*Lectures on Bright's Disease of the Kidneys, delivered at the School of Medicine of Paris.* By J. M. CHARCOT, Professor of the Faculty of Medicine of Paris, Physician to the Salpêtrière, etc. etc. Collected and published by Drs. BOURNEVILLE and SEVESTRE, Editors of the Progrès Medical, and translated, with the permission of the author, by HENRY B. MILLARD, M.D., A.M. 8vo. pp. 100. New York: William Wood & Co., 1878.

THE translator of this excellent little monograph was led, as he intimates, to undertake his work by the feeling that there is no other book upon the subject which gives, "with so much clearness and well-chiselled outlines (*sic*), the salient and practical features of the disease." The conviction which Dr. Millard thus labors to express will, we think, be shared by most of his readers, and if the volume before us had been so extended as to include the therapeutics of Bright's disease, it would probably have proved a formidable rival, for professional favor, to the larger and, in this respect, more complete treatises of Dickinson and Grainger Stewart. Even in its present form the brochure is valuable enough to be well worth the study of every busy practitioner who has a new case of albuminuria to manage, and it will of course find a place upon the library shelves of every one who aims to keep himself *au courant* with the literature of the day in regard to maladies of the urinary organs.

The classification of Bright's disease adopted by Prof. Charcot is substantially that with which most are familiar through the writings of Grainger Stewart (who by the way credits Virchow with first suggesting it), namely, the histological one into, first, parenchymatous nephritis, or disease of the epithelium lining the tubules; second, interstitial nephritis, or inflammation of the intertubular connective tissue; and third, amyloid degeneration, or infiltration with the so-called amyloid or lardaceous material. To the description of these three forms, preceded by two admirable chapters on the normal structure and functions of the kidneys, the volume is mainly devoted.

The anatomy and histology of the organ are very fully and distinctly explained, not only in the text but by the aid of several wood-cuts, which illustrate the arrangement of the tubuli contorti, the loops of Henle, and the tubes of Bellini, with unusual clearness. Our author follows Heidenhain, in describing the epithelium of the convoluted tubules, as being filled with rod-shaped striæ, converging like radii toward the centre of the tube; these, when examined in a line with their axes, presenting the appearance of granules, and giving rise to the cloudy aspect so generally observed. The histological account is full and accurate (as far as our present knowledge extends) to a remarkable degree, requiring but little preliminary knowledge to render it available even to medical students. The relative narrowness of the loops of Henle, in their ascending limbs, as compared with the calibre of the tubuli contorti, is specially emphasized, and its important